

CLAIMS ONLY							Application Number		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51	/		
2		/					52	/		
3		/					53	/		
4		/					54	/		
5		/					55	/		
6		/					56	/		
7		/					57	/		
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9		/					59	/		
10		/					60	/		
11		/					61	/		
12		/					62	/		
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17	/						67			
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42		/					92			
43		/					93			
44		/					94			
45		/					95			
46	/						96			
47		/					97			
48		/					98			
49		/					99			
50		/					100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			

BEST AVAILABLE COPY